COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Platinum Coinsurance Plan		Platinum Copay Plan		
2/13/2013						
<b>Actuarial Value SU</b>	BJECT TO FINAL FEDERAL R	ULES	89.1%	6	89.1%	
Overall deductible			\$0		\$0	
	for specific services		ΨΟ		ΨΟ	
	Medical		\$0		\$0	
	Brand Drugs		\$0		\$0	
	Dental		See attach		See attach	
Out-of-pocket lim	it on expenses		\$4,00	0	\$4,00	0
Common Madical			Mamban Coot		Mambar Cast	
Common Medical Event	Service Typ	•	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
LVent	Service Typ	<del>,</del>	Silare	Applies	Silare	Applies
Visit to a health care provider's	Primary care visit to treat an inj footnote)	ury or illness (see	\$25		\$25	
office or clinic	Specialist visit		\$50		\$50	
	Other practitioner office visit		\$25		\$25	
	Preventive care/ screening/ imr	nunization	No cost share		No cost share	
Teete	Laboratory Tests		\$25		\$25	
Tests	X-rays and Diagnostic Imaging Imaging (CT/PET scans, MRIs)		\$40 0%		\$40 \$150	
	Generic drugs		\$5		\$5	
Drugs to treat	Preferred brand drugs		\$15		\$15	
illness or	Non-preferred brand drugs		\$25		\$25	
condition	Specialty drugs		0%		0%	
Outpatient	Facility fee (e.g., ASC)		10%		\$250	
surgery	Physician/surgeon fees		10%		0%	
	Emergency room services (wair Emergency medical transportat		\$150 \$150		\$150 \$150	
Need immediate attention	Urgent care		\$50		\$150	
	Facility fee (e.g., hospital room)		0%		\$250 per day up	
Hospital stay	Physician/surgeon fee		10%		to 5 days	
	Mental/Behavioral health outpa	tient services	\$25		\$25	
Mental health, behavioral health,	Mental/Behavioral health inpation		0%		\$250 per day up to 5 days	
or substance	Substance use disorder outpati	ent services	\$25		\$25	
abuse needs	Substance use disorder inpatie	nt services	0%		\$250 per day up to 5 days	
Pregnancy	Prenatal and postnatal care		\$25		\$25	
	Delivery and all inpatient	Hospital	0%		\$250 per day up	
	services	Professional	10%		to 5 days	
	Home health care		10%		\$25	
Holp recovering	Rehabilitation services Habilitation services		\$25 \$25		\$25 \$25	
Help recovering or other special					\$150 per day up	
health needs	Skilled nursing care		0%		to 5 days	
10030	Durable medical equipment		10%		10%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived)		0%		0%	
Child needs	Glasses	ad Diamerati	1 pair per year		1 pair per year	
dental or eye care	Dental Check-up - Preventive at Dental Basic Services Dental Restorative and Orthodo		See attach	nment	See attach	nment
	Domai Residiative and Onnout	ATRIC COLVIDOS				

## Notes

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.
- specified in another benefit category.
- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Gold Coinsurance Plan		Gold Copay Plan		
2/13/2013						
<b>Actuarial Value SU</b>	BJECT TO FINAL FEDERAL F	RULES	79.2%	6	79.0%	
Overall deductible			\$0		\$0	
	for specific services		Ψο		φσ	
	Medical		\$0		\$0	
	Brand Drugs		\$0		\$0	
	Dental		See attach		See attach	
Out-of-pocket lim	it on expenses		\$6,40	0	\$6,40	0
Common Medical			Member Cost	Deductible	Member Cost	Deductible
Event	Service Typ	е	Share	Applies	Share	Applies
	Primary care visit to treat an inj	ury or illness (see	\$45		\$45	
Visit to a health	footnote)		Ψ.ισ		Ψ.0	
care provider's office or clinic	Specialist visit		\$65		\$65	
office or clinic	Other practitioner office visit		\$45		\$45	
	Preventive care/ screening/ imi	munization	No cost share		No cost share	
	Laboratory Tests		\$45		\$45	
Tests	X-rays and Diagnostic Imaging		\$65		\$65	
	Imaging (CT/PET scans, MRIs	)	0%		\$250	
Drugs to treat	Generic drugs		\$25		\$25	
illness or	Preferred brand drugs		\$50		\$50	
condition	Non-preferred brand drugs		\$70		\$70	
	Specialty drugs		0%		0%	
Outpatient	Facility fee (e.g., ASC)		20%		\$600	
surgery	Physician/surgeon fees Emergency room services (waived if admitted)		20%		0%	
	Emergency medical transporta		\$250 \$250		\$250 \$250	
Need immediate	Emergency medical transporta	ion	ΨΣΟΟ		Ψ230	
attention	Urgent care		\$90		\$90	
Haanital atau	Facility fee (e.g., hospital room	)	0%		\$600 per day up	
Hospital stay	Physician/surgeon fee		20%		to 5 days	
	Mental/Behavioral health outpa	tient services	\$45		\$45	
Mental health,	Mental/Behavioral health inpatient services  Substance use disorder outpatient services		0%		\$600 per day up	
behavioral health,			\$45		to 5 days \$45	
or substance abuse needs					\$600 per day up	
abuse needs	Substance use disorder inpatie	nt services	0%		to 5 days	
Pregnancy	Prenatal and postnatal care		\$45		\$45	
	Delivery and all inpatient	Hospital	0%		\$600 per day up	
	services	Professional	20%		to 5 days	
	Home health care		20%		\$45	
	Rehabilitation services		\$45		\$45	
Help recovering	Habilitation services		\$45		\$45	
or other special health needs	Skilled nursing care		0%		\$300 per day up to 5 days	
noutili ficeus	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived)		0%		0%	
Child needs	Glasses		1 pair per year		1 pair per year	
dental or eye care	Dental Check-up - Preventive a Dental Basic Services Dental Restorative and Orthodo	•	See attach	nment	See attach	nment
	Dontal Restorative and Orthod	Jinda Gol Vidos				

## Notes

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

# **Covered California Standard Benefit Plan Designs**

**Summary of Benefits and Coverage** 

Summary of Benefits and Coverage		Individual		Individual		
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Silver Coinsurance Plan		Silver Copay Plan		
2/13/2013						
Actuarial Value SU	JBJECT TO FINAL FEDERAL	RULES	70.29	6	69.8%	6
Overall deductible			N/A		N/A	
	for specific services		,/ .		1471	
	Medical		\$2,00	0	\$2,00	0
	Brand Drugs		\$500		\$500	
	Dental		See attach		See attach	
Out-of-pocket lim			\$6,40		\$6,40	
•	•		. ,		. ,	
Common Medical			Member Cost	Deductible	Member Cost	Deductible
Event	Service Ty	ре	Share	Applies	Share	Applies
/isit to a health	Primary care visit to treat an infootnote)	njury or illness (see	\$45		\$45	
office or clinic	Specialist visit		\$65		\$65	
	Other practitioner office visit		\$45		\$45	
	Preventive care/ screening/ in	nmunization	No cost share		No cost share	
	Laboratory Tests		\$45		\$45	
ests	X-rays and Diagnostic Imagin	q	\$65		\$65	
	Imaging (CT/PET scans, MRI		0%	Х	\$250	
	Generic drugs	-,	\$25	- 1	\$25	
Orugs to treat	Preferred brand drugs		\$50	Х	\$50	Х
liness or	Non-preferred brand drugs		\$70	X	\$70	X
ondition	Specialty drugs		0%	X	0%	X
Outpatient	Facility fee (e.g., ASC)		20%	X		
surgery	Physician/surgeon fees		20%		20%	Х
<u> </u>		nergency room services (waived if admitted)		Х	\$250	Х
	Emergency medical transport		\$250 \$250	Х	\$250	Х
Need immediate attention	Urgent care		\$90		\$90	
Hospital stay	Facility fee (e.g., hospital roor	n)	0%	X	20%	Х
iospitai stay	Physician/surgeon fee		20%		2076	^
	Mental/Behavioral health outp	patient services	\$45		\$45	
Mental health, behavioral health,	Mental/Behavioral health inpatient services		0%	X	20%	Х
or substance	Substance use disorder outpa	atient services	\$45		\$45	
abuse needs	Substance use disorder inpati	ient services	0%	Х	20%	Х
Pregnancy	Prenatal and postnatal care		\$45		\$45	
	Delivery and all inpatient services	Hospital Professional	0% 20%	X	20%	Х
	Home health care	,	20%		\$45	
	Rehabilitation services		\$45		\$45	
lelp recovering	Habilitation services		\$45		\$45	
or other special nealth needs	Skilled nursing care		0%	Х	20%	Х
	Durable medical equipment		20%		20%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived	')	0%		0%	
Ohilal manada	Glasses		1 pair per year		1 pair per year	
Child needs	Dental check-up - Preventive	and Diagnostic				
dental or eye care	Dental Basic Services		See attach	nment	See attachment	

Individual

Individual

## Notes

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

Dental Restorative and Orthodontia Services

- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

# **Covered California Standard Benefit Plan Designs**

COST SHARRING AMOUNTS DESCRIBE THE ENROLLEES OUT OF POCKET COSTS  2013/2013 Actuarial Value SUBJECT TO FINAL FEDERAL RULES  71.2% 71.0% 71.0%  Overall deductibles Other deductibles for specific services  Medical Strand Drugs Donatal Sea attachment Sea attachmen	Summary of Benefits and Coverage		SHOP		SHOP		
Actuarial Value SUBJECT TO FINAL FEDERAL RULES							
Other deductibles   Other deductibles   Other deductibles   Stand Drugs   Stand Dru			U 50	74.00	,		
Other deductibles for specific services         Medical Brand Drugs         \$500 <th< td=""><td>Actuarial Value SU</td><td>IBJECT TO FINAL FEDERAL RU</td><td>JLES</td><td>71.29</td><td><b>6</b></td><td>71.0%</td><td>o</td></th<>	Actuarial Value SU	IBJECT TO FINAL FEDERAL RU	JLES	71.29	<b>6</b>	71.0%	o
Medical Brand Drugs	<b>Overall deductible</b>			N/A		N/A	
Second	Other deductibles	for specific services					
Common Medical   Service Type		Medical					
Common Medical Event:    Primary care visit to treat an injury or illness (see (connote)   Sacrice Type   Sarrice Type   Share				·		·	
Common Medical Event   Service Type   Member Cost Share   Deductible Applies   Share							
Primary care visit to treat an injury or illness (see controller)	Out-of-pocket lim	it on expenses		\$6,40	0	\$6,40	0
Visit to a health care provider's office or clinic or clinic office or clinic or							
Visit to a health care provider's office or clinic         Specialist visit         \$45         \$45           Office or clinic office or clinic office visit         \$65         \$65         \$45           Own practitioner office visit office visit         \$45         \$45           Preventive care/ screening/ immunization         No cost share         No cost share           Laboratory Tests         \$45         \$45         \$45           Tests         X-rays and Diagnostic Imaging         \$65         \$65         \$65           Drugs to treat illness or condition         Generic drugs         \$25         \$25         \$65           Generic drugs         \$25         \$2	Event	Service Type		Silare	Applies	Silare	Applies
Other practitioner office visit   S45   S45   Perentive care/ screening/ immunization   No cost share   No cost share   No cost share	care provider's	footnote)	y or illness (see			·	
Preventive care/ screening/ immunization   No cost share	office or clinic						
Laboratory Tests							
Tests		-	unization				
Imaging (CT/PET scans, MRIs)	Teete						
Drugs to treat lilness or condition   Preferred brand drugs   \$25   \$50   \$50   \$X   \$	lests				V		
Preferred brand drugs					^		
Non-preferred brand drugs	Drugs to treat				Y		Y
Specialty drugs		_					
Pregnancy   Pregnancy   Prenatal and postnatal care   Pregnancy   Prenatal and postnatal care   Pregnancy   Prenatal and postnatal care   Prenatal and postnatal care   Pregnancy endical transportices   Prenatal and postnatal care   Pregnancy endical transportices   Prenatal and postnatal care   Prenatal and postnatal care   Prenatal endith needs   Professional   Professional equipment   Prof	condition						
Physician/surgeon fees	Outpatient						
Emergency room services (waived if admitted)   \$250						20%	Х
Need immediate attention   Urgent care   \$90   \$90   \$90		Emergency room services (waive	ed if admitted)	\$250	Х	\$250	X
Authorition   Urgent care   \$90		Emergency medical transportation	n	\$250	X	\$250	X
Physician/surgeon fee Mental/Behavioral health outpatient services \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45		Urgent care		\$90		\$90	
Mental/Behavioral health, behavioral health, cor substance abuse needs  Pregnancy  Pregnancy  Pregnancy  Pregnancy  Pregnancy  Pregnancy  Pregnancy  Pregnancy  Prenatal and postnatal care  Pregnancy  Delivery and all inpatient services professional services professional services professional services services services professional services services services services professional services services services services services services services professional services service services services service services service s	Heenital etay	Facility fee (e.g., hospital room)		0%	X	200/	V
Mental health, behavioral health, or substance abuse needs     Mental/Behavioral health inpatient services     0%     X     20%     X       Pregnancy     Substance use disorder outpatient services     0%     X     20%     X       Prenatal and postnatal care     \$45     \$45     \$45       Pregnancy     Delivery and all inpatient services     Hospital Professional Professional 20%     X     20%     X       Home health care Rehabilitation services Habilitation services     \$45     \$45     \$45       Habilitation services Skilled nursing care     \$45     \$45     \$45       Durable medical equipment Hospice service     0%     X     20%     X       Child needs dental or eye care     Eye exam (deductible waived) O%     0%     0%     1 pair per year       Child needs dental or eye care     Dental Check-up - Preventive and Diagnostic Dental Basic Services     See attachment     See attachment	nospitai stay			20%		20%	^
behavioral health, or substance abuse needs  Substance use disorder outpatient services  Substance use disorder inpatient services  Substance use disorder inpatient services  O% X 20% X  Pregnancy  Prenatal and postnatal care  Pregnancy  Delivery and all inpatient services  Delivery and all inpatient services  Professional 20% X  Professional 20% S45  Rehabilitation services  Habilitation services S45 S45  Habilitation services S45 S45  Habilitation services S45 S45  Babilitation services S45 S45  Durable medical equipment 20% X  Durable medical equipment 20% X  Child needs dental or eye care  Dental Check-up - Preventive and Diagnostic Dental Basic Services  See attachment  Substance use disorder outpatient services S45  S45  S45  AX  Dow X  Dow X  Dow X  Dow		Mental/Behavioral health outpation	ent services	\$45		\$45	
Pregnancy  Delivery and all inpatient services  Professional Home health care Rehabilitation services  Rehabilitation services  Durable medical equipment Hospice service  Child needs dental or eye care  Dental Basic Services  Substance use disorder outpatient services  Substance use disorder outpatient services  \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$4		Mental/Behavioral health inpatier	nt services	0%	Х	20%	X
Substance use disorder inpatient services  Pregnancy  Prenatal and postnatal care  Pregnancy  Delivery and all inpatient services Professional Profe	•	·			1.1		
Pregnancy  Prenatal and postnatal care  Pregnancy  Delivery and all inpatient services  Delivery and all inpatient services Professional Professiona		Substance use disorder outpatiel	nt services	\$45		\$45	
Pregnancy  Delivery and all inpatient services Professional 20%  Home health care Rehabilitation services \$45  Help recovering or other special health needs  Burable medical equipment Hospice service No cost share  Hospice service No cost share  Eye exam (deductible waived) O%  Child needs dental or eye care  Dental Basic Services  Dental Basic Services  Dental Services  Delivery and all inpatient Hospital 0% X 20% X  20% \$45  \$45  \$45  \$45  \$45  \$45  \$45  \$45	abuse neeus	Substance use disorder inpatient	services	0%	Х	20%	Χ
services Professional 20% \$45  Home health care 20% \$45  Rehabilitation services \$45  Habilitation services \$45  Habilitation services \$45  Skilled nursing care 0% X  Durable medical equipment 20% X  Durable medical equipment 20% X  No cost share No cost share Seye exam (deductible waived) 0% 0%  Glasses 0 1 pair per year 1 pental check-up - Preventive and Diagnostic Dental Basic Services See attachment See attachment	Pregnancy	Prenatal and postnatal care		\$45		\$45	
Help recovering or other special health needs  Durable medical equipment Hospice service  Hospice service  Child needs dental or eye care  Home health care 20% \$45  Skilled nursing care 545  Durable medical equipment 20% 20% 20%  No cost share No cost share No cost share 545  Dental Check-up - Preventive and Diagnostic 545  Dental Basic Services See attachment See attachment		· · ·			Х	20%	X
Rehabilitation services  Help recovering or other special health needs  Durable medical equipment Hospice service  Child needs dental or eye care  Rehabilitation services  Skilled nursing care  Skilled nursing care  0%  X  20%  X  20%  X  20%  No cost share  No cost share  0%  1 pair per year  1 pair per year  See attachment  See attachment			Professional				Α
Help recovering or other special health needs  Skilled nursing care  Durable medical equipment Hospice service  Child needs dental or eye care  Habilitation services  Skilled nursing care  0%  X  20% X  20%  No cost share No cost share  0%  1 pair per year  1 pair per year  See attachment  See attachment							
or other special health needs    Skilled nursing care   0%	Holp recovering						
Durable medical equipment 20% 20% Hospice service No cost share No cost share  Eye exam (deductible waived) 0% 0% Glasses 1 pair per year 1 pair per year  Dental check-up - Preventive and Diagnostic Dental Basic Services See attachment See attachment	or other special				Х		Х
Hospice service  Eye exam (deductible waived)  Child needs dental or eye care  Hospice service  Ow  Ow  1 pair per year  1 pair per year  Dental check-up - Preventive and Diagnostic  Dental Basic Services  See attachment  See attachment		Durable medical equipment		20%		20%	
Child needs dental or eye care  Glasses  Dental check-up - Preventive and Diagnostic  Dental Basic Services  1 pair per year  See attachment  See attachment							
Child needs       Dental check-up - Preventive and Diagnostic         dental or eye care       Dental Basic Services       See attachment       See attachment						0%	
dental or eye care  Dental check-up - Preventive and Diagnostic  Dental Basic Services  See attachment  See attachment	Child needs			1 pair per year		1 pair per year	
Dental Restorative and Orthodontia Services			d Diagnostic	See attach	nment	See attach	ıment
		Dental Restorative and Orthodor	tia Services				

## Notes

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

# **Covered California Standard Benefit Plan Designs**

Summary of Benefits and Coverage	Individual & SHOP
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	Silver HSA Plan
2/13/2013	
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	71.6%
Overall deductible Other deductibles for specific services	\$1500 integrated Med/Rx Ded
Medical	N/A
Brand Drugs	N/A
<b>Dental</b>	See attachment
	ΦO 400
Out-of-pocket limit on expenses	\$6,400

<b>Common Medical</b>		Member Cost	Deductible	
Event	Service Type	Э	Share	Applies
Visit to a health care provider's	Primary care visit to treat an injufootnote)	ury or illness (see	20%	Х
office or clinic	Specialist visit		20%	Χ
	Other practitioner office visit		20%	X
	Preventive care/ screening/ imm	nunization	No cost share	
	Laboratory Tests		20%	X
Tests	X-rays and Diagnostic Imaging		20%	X
	Imaging (CT/PET scans, MRIs)		20%	X
Drugs to treat	Generic drugs		20%	X
illness or	Preferred brand drugs		20%	X
condition	Non-preferred brand drugs		20%	X
	Specialty drugs		20%	X
Outpatient	Facility fee (e.g., ASC)		20%	X
surgery	Physician/surgeon fees	1:6 1 :6 1)	20%	X
	Emergency room services (waiv	· ·	20%	X
No sal imama aliata	Emergency medical transportati	ion	20%	X
Need immediate attention	Urgent care		20%	Х
Usanital stay	Facility fee (e.g., hospital room)		20%	X
Hospital stay	Physician/surgeon fee		20%	X
	Mental/Behavioral health outpat	20%	X	
Mental health, behavioral health,	Mental/Behavioral health inpation	20%	Х	
or substance	Substance use disorder outpatie	20%	X	
abuse needs	Substance use disorder inpatier	20%	Х	
Pregnancy	Prenatal and postnatal care		20%	Х
	Delivery and all inpatient	Hospital	20%	X
	services	Professional	20%	X
	Home health care		20%	X
	Rehabilitation services		20%	X
Help recovering	Habilitation services		20%	Х
or other special health needs	Skilled nursing care		20%	Х
	Durable medical equipment		20%	X
	Hospice service		No cost share	X
	Eye exam (deductible waived)		0%	
Child needs	Glasses		1 pair per year	
dental or eye care	Dental check-up - Preventive ar	nd Diagnostic		
dental of eye cale	Dental Basic Services		See attach	nment
	Dental Restorative and Orthodo			

## Notes

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Silver Coinsurance Plan 100%-150% FPL		Silver Coinsurance Plan 150%-200% FPL		
2/13/2013						
Actuarial Value SU	BJECT TO FINAL FEDERAL R	ULES	94.5%	6	87.5%	
Overall deductible			\$0		N/A	
Other deductibles	for specific services					
	Medical		\$0		\$500	
	Brand Drugs		\$0		\$50	
	Dental		See attach		See attach	
Out-of-pocket lim	it on expenses		\$2,25	0	\$2,25	0
Common Medical			Member Cost	Deductible	Member Cost	Deductible
Event	Service Type	•	Share	Applies	Share	Applies
Visit to a health care provider's	Primary care visit to treat an injufootnote)	ıry or illness (see	\$4	Х	\$20	
office or clinic	Specialist visit		\$6	Х	\$25	
	Other practitioner office visit		\$4	X	\$20	
	Preventive care/ screening/ imm	nunization	No cost share		No cost share	
	Laboratory Tests		\$6	Χ	\$20	
Tests	X-rays and Diagnostic Imaging		\$10	X	\$25	
	Imaging (CT/PET scans, MRIs)		0%	Х	0%	Х
Drugs to treat	Generic drugs		\$4	X	\$8	
illness or	Preferred brand drugs		\$7	Х	\$18	X
condition	Non-preferred brand drugs		\$10	Х	\$27	X
	Specialty drugs		0%	X	0%	X
Outpatient	Facility fee (e.g., ASC)		10%	Х	15%	X
surgery	Physician/surgeon fees		10%	X	15%	
	Emergency room services (waiv		\$25	X	\$75	X
Need immediate attention	Emergency medical transportation  Urgent care		\$25 \$8	x	\$75 \$40	X
	Facility fee (e.g., hospital room)		0%	X	0%	Х
Hospital stay	Physician/surgeon fee		10%	X	15%	
	Mental/Behavioral health outpat	ient services	\$4	X	\$20	
Mental health, behavioral health,	Mental/Behavioral health inpatie		0%	Х	0%	Х
or substance	Substance use disorder outpatient services		\$4	X	\$20	
abuse needs	Substance use disorder inpatier	nt services	0%	Х	0%	Х
Pregnancy	Prenatal and postnatal care		\$4	X	\$20	
	Delivery and all inpatient	Hospital	0%	X	0%	Х
	services	Professional	10%	Х	15%	
	Home health care		10%	X	15%	
	Rehabilitation services		\$4	Х	\$20	
Help recovering	Habilitation services		\$4	Х	\$20	
or other special health needs	Skilled nursing care		0%	Х	0%	Х
	Durable medical equipment		10%	X	15%	
	Hospice service		No cost share		No cost share	
	Eye exam (deductible waived) Glasses		0%		0%	
Child needs dental or eye care	Dental check-up - Preventive ar Dental Basic Services	nd Diagnostic	1 pair per year	nmont	1 pair per year	nmont
	Dental Restorative and Orthodo	ntia Services	See attachment		See attachment	

## Notes

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- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS			Silver Coinsurance Plan 200%-250% FPL		
2/13/2013					
_,	JBJECT TO FINAL FEDERAL R	ULES	73.9%	<b>6</b>	
Overall deductible			N/A		
Other deductibles	for specific services		<b>#</b> 4.50	•	
	Medical		\$1,50		
	Brand Drugs		\$500 See attach		
Out-of-pocket lim	Dental nit on expenses		\$5,20		
Common Medical Event	Service Type	_	Member Cost Share	Deductible Applies	
Event	Oct vice Type		Griare	Аррисэ	
	Primary care visit to treat an inju	ury or illness (see	Ф.4 <i>Е</i>		
Visit to a health	footnote)		\$45		
care provider's					
office or clinic	Specialist visit		\$55		
	Other practitioner office visit		\$45		
	Preventive care/ screening/ imm	nunization	No cost share		
	Laboratory Tests		\$45		
Tests	X-rays and Diagnostic Imaging	\$55			
	Imaging (CT/PET scans, MRIs)	0%	X		
Drugs to treat	Generic drugs		\$20		
illness or	Preferred brand drugs	\$30	Х		
condition	Non-preferred brand drugs		\$50	X	
	Specialty drugs		0%	X	
Outpatient	Facility fee (e.g., ASC)		20%	Х	
surgery	Physician/surgeon fees	20%			
	Emergency room services (waiv	\$250	X		
Need immediate attention	Emergency medical transportation	\$250 \$90	X		
Haanital atau	Facility fee (e.g., hospital room)		0%	Х	
Hospital stay	Physician/surgeon fee		20%		
	Mental/Behavioral health outpat	tient services	\$45		
Mental health, behavioral health,	Mental/Behavioral health inpation	ent services	0%	Х	
or substance	Substance use disorder outpatie	ent services	\$45		
abuse needs	Substance use disorder inpatier	nt services	0%	X	
Pregnancy	Prenatal and postnatal care		\$45		
	Delivery and all inpatient	Hospital	0%	Х	
	services	Professional	20%		
	Home health care		20%		
	Rehabilitation services		\$45		
Help recovering	Habilitation services		\$45		
or other special health needs	Skilled nursing care		0%	Х	
	Durable medical equipment		20%		
	Hospice service		No cost share		

## Notes

Child needs

dental or eye care

1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.

No cost share

0%

1 pair per year

See attachment

2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.

Dental check-up - Preventive and Diagnostic

Dental Restorative and Orthodontia Services

- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

7) Glasses benefit limited to \$100 per year.

Hospice service

**Dental Basic Services** 

Glasses

Eye exam (deductible waived)

8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

2/13/2013

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		The second secon	Silver Copay Plan 100%-150% FPL		Silver Copay Plan 150%-200% FPL	
2/13/2013						
Actuarial Value SU	BJECT TO FINAL FEDERAL RULES	94.69	94.6% 87.5%		6	
<b>Overall deductible</b>		\$0		N/A		
Other deductibles	for specific services					
	Medical	\$0		\$500	)	
	Brand Drugs	\$0		\$50		
	Dental	See attac		See attach		
Out-of-pocket lim	it on expenses	\$2,25	50	\$2,25	0	
Common Medical		Member Cost	Member Cost Deductible		Deductible	
Event	Service Type	Share	Applies	Member Cost Share	Applies	
	Primary care visit to treat an injury or illness (	see \$4	Х	\$20		
Visit to a health	footnote)	Ψ	^	ΨΖΟ		
care provider's						
office or clinic	Specialist visit	\$6	X	\$25		
	Other practitioner office visit	\$4	X	\$20		
	Preventive care/ screening/ immunization	No cost share	V	No cost share		
Tests	Laboratory Tests X-rays and Diagnostic Imaging	\$6 \$10	X	\$20 \$25		
Tesis	Imaging (CT/PET scans, MRIs)	\$50	X	\$100		
	Generic drugs	\$4	X	\$8		
Drugs to treat	Preferred brand drugs	\$7	X	\$18	X	
illness or	Non-preferred brand drugs	\$10	X	\$27	X	
condition	Specialty drugs	0%	X	0%	X	
Outpatient	Facility fee (e.g., ASC)			450/		
surgery	Physician/surgeon fees	10%	Х	15%	Х	
	Emergency room services (waived if admitted	d) \$25	Х	\$75	X	
Emergency medical transportation		\$25	X	\$75	X	
Need immediate attention	Urgent care	\$8	Х	\$40		
Hospital stay	Facility fee (e.g., hospital room)	10%	Х	15%	Х	
1105pital Stay	Physician/surgeon fee				^	
	Mental/Behavioral health outpatient services	\$4	X	\$20		
Mental health, behavioral health,	Mental/Behavioral health inpatient services	10%	Х	15%	Х	
or substance	Substance use disorder outpatient services	\$4	X	\$20		
abuse needs	Substance use disorder inpatient services	10%	Х	15%	Х	
Pregnancy	Prenatal and postnatal care	\$4	Х	\$20		
	Delivery and all inpatient Hospital services Professional	10%	Х	15%	Х	
	Home health care	\$4	Х	\$20		
	Rehabilitation services	\$4	X	\$20		
Help recovering	Habilitation services	\$4	X	\$20		
or other special health needs	Skilled nursing care	10%	Х	15%	Х	
	Durable medical equipment	10%	Χ	15%		
	Hospice service	No cost share		No cost share		
	Eye exam (deductible waived)	0%		0%		
Child needs	Glasses	1 pair per year		1 pair per year		
dental or eye care	Dental Check-up - Preventive and Diagnostic Dental Basic Services	See attac	hment	See attach	nment	
	Dental Restorative and Orthodontia Services					

## Notes

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- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
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- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

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- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS			Silver Copay Plan 200%-250% FPL		
2/13/2013					
<b>Actuarial Value SU</b>	BJECT TO FINAL FEDERAL R	RULES	73.6%		
Overall deductible			N/A		
	for specific services		14/71		
	Medical		\$1,50	0	
	Brand Drugs		\$500		
	Dental		See attach		
Out-of-pocket lim	it on expenses		\$5,20	0	
Common Medical			Member Cost	D 1 471.1	
Event	Service Typ	<b>e</b>	Share	Deductible Applies	
	Service Typ		Onaro	Аррисс	
Visit to a health care provider's	Primary care visit to treat an inj footnote)	ury or illness (see	\$45		
office or clinic	Specialist visit		\$55		
	Other practitioner office visit		\$45		
	Preventive care/ screening/ imr	nunization	No cost share		
Tests	Laboratory Tests X-rays and Diagnostic Imaging		\$45 \$55		
16212	Imaging (CT/PET scans, MRIs)	1	\$250		
	Generic drugs		\$20		
Drugs to treat	Preferred brand drugs		\$30	X	
illness or condition	Non-preferred brand drugs		\$50	X	
condition	Specialty drugs	0%	X		
Outpatient	Facility fee (e.g., ASC)		20%	X	
surgery	Physician/surgeon fees				
	Emergency room services (wair Emergency medical transportat	\$250 \$250	X		
Need immediate attention			X		
	Urgent care	\$90			
Hospital stay	Facility fee (e.g., hospital room)	20%	Х		
1105pital Stay	Physician/surgeon fee			^	
	Mental/Behavioral health outpa	tient services	\$45		
Mental health, behavioral health,	Mental/Behavioral health inpation		20%	X	
or substance	Substance use disorder outpati	ent services	\$45		
abuse needs	Substance use disorder inpatie	nt services	20%	Х	
Pregnancy	Prenatal and postnatal care		\$45		
	Delivery and all inpatient services	Hospital Professional	20%	Х	
	Home health care		\$45		
	Rehabilitation services		\$45		
Help recovering	Habilitation services		\$45		
or other special health needs	Skilled nursing care		20%	Χ	
nouth needs	Durable medical equipment		20%		
	Hospice service		No cost share		
	Eye exam (deductible waived)		0%		
Child needs	Glasses		1 pair per year		
dental or eye care	Dental check-up - Preventive at Dental Basic Services		See attach	nment	
	Dental Restorative and Orthodo	Jilla Services			

## Notes

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- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.
- specified in another benefit category.
- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

  2/13/2013

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Bronze Plan		Bronze HSA Plan		
2/13/2013 Actuarial Value SUBJECT TO FINAL FEDERAL RULES		60.19	/	59.0%		
		OLLS	60.1%			
Overall deductible			\$5000 integrated	Med/Rx Ded	\$4500 integrated	Med/Rx Ded
Other deductibles	for specific services					
	Medical		N/A		N/A	
	Brand Drugs		N/A See attack		N/A See attack	
Out-of-pocket lim	Dental it on expenses		\$6,40		\$6,40	
Out-of-pocket filli	it on expenses		φ0,40		Ψ0,40	0
Common Medical			Member Cost	Deductible	Member Cost	Deductible
Event	Service Typ	<del>e</del>	Share	Applies After 1st 3	Share	Applies
Visit to a health care provider's	Primary care visit to treat an inj footnote)	ury or illness (see	\$60	non- preventive visits	40%	Х
office or clinic	Specialist visit		\$70	X	40%	X
	Other practitioner office visit		\$60	Х	40%	Х
	Preventive care/ screening/ imr	nunization	No cost share		No cost share	
Teats	Laboratory Tests		30%	X	40%	X
Tests	X-rays and Diagnostic Imaging		30%	X	40%	X
	Imaging (CT/PET scans, MRIs)		30%	X	40%	X
Drugs to treat	Generic drugs Preferred brand drugs		\$25 \$50	X	40% 40%	X
illness or	Non-preferred brand drugs		\$75	X	40%	X
condition	Specialty drugs		30%	X	40%	X
Outpatient	Facility fee (e.g., ASC)		30%	X	40%	X
surgery	Physician/surgeon fees		30%	X	40%	X
our gory	Emergency room services (wair	ved if admitted)	\$300	X	40%	X
	Emergency medical transportat		\$300	X	40%	Х
Need immediate attention	Urgent care		\$120	After 1st 3 non- preventive visits	40%	Х
Hospital stay	Facility fee (e.g., hospital room)		30%	Х	40%	X
nospital stay	Physician/surgeon fee		30%	X	40%	X
	Mental/Behavioral health outpa	tient services	\$60	X	40%	X
Mental health, behavioral health,	Mental/Behavioral health inpation	ent services	30%	Х	40%	Х
or substance	Substance use disorder outpatient services		\$60	Х	40%	Х
abuse needs	Substance use disorder inpatie	nt services	30%	Х	40%	Х
Pregnancy	Prenatal and postnatal care		\$60	After 1st 3 non- preventive visits	40%	Х
	Delivery and all inpatient	Hospital	30%	X	40%	Х
	services	Professional	30%	X	40%	X
	Home health care		30%	X	40%	X
Halm was a see when the	Rehabilitation services		30%	X	40%	X
Help recovering or other special	Habilitation services		30%	X	40%	X
health needs	Skilled nursing care		30%	Х	40%	Х
	Durable medical equipment		30%	X	40%	Х
	Hospice service		No cost share	X	No cost share	X
	Eye exam (deductible waived)		0%		0%	
Child poods	Glasses		1 pair per year		1 pair per year	
Child needs dental or eye care	Dental check-up - Preventive at Dental Basic Services	<u> </u>	See attach	nment	See attacl	nment
	Dental Restorative and Orthodo	illia Services				

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  2/13/2013

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS			Catastrophic Plan		
2/13/2013					
Actuarial Value SU	IBJECT TO FINAL FEDERAL F	RULES	60.4%	<u>%</u>	
<b>Overall deductible</b>			\$6400 integrated	Med/Rx Ded	
Other deductibles	for specific services				
	Medical		N/A		
	Brand Drugs		N/A		
Out of madeatiling	Dental		See attack		
Out-of-pocket lim	it on expenses		\$6,40	0	
Common Medical			Member Cost	Deductible	
Event	Service Typ	e	Share	Applies	
Visit to a health care provider's	Primary care visit to treat an inj footnote)	ury or illness (see	0%	After 1st 3 non- preventive visits	
office or clinic	Specialist visit		0%	Х	
	Other practitioner office visit		0%	Х	
	Preventive care/ screening/ imr	munization	No cost share		
Tests	Laboratory Tests X-rays and Diagnostic Imaging		0% 0%	X	
16212	Imaging (CT/PET scans, MRIs)	<u> </u>	0%	X	
	Generic drugs		0%	X	
Drugs to treat	Preferred brand drugs		0%	X	
illness or	Non-preferred brand drugs		0%	X	
condition	Specialty drugs		0%	Х	
Outpatient	Facility fee (e.g., ASC)		0%	Х	
surgery	Physician/surgeon fees		0%	X	
	Emergency room services (wai		0%	X	
	Emergency medical transportat	0%	Х		
Need immediate attention	Urgent care		0%	After 1st 3 non- preventive visits	
Heavital stay	Facility fee (e.g., hospital room)	)	0%	Х	
Hospital stay	Physician/surgeon fee		0%	Х	
	Mental/Behavioral health outpa	tient services	0%	X	
Mental health, behavioral health,	Mental/Behavioral health inpati	0%	Х		
or substance	Substance use disorder outpati	ent services	0%	X	
abuse needs	Substance use disorder inpatie	nt services	0%	Х	
Pregnancy	Prenatal and postnatal care		0%	After 1st 3 non- preventive visits	
	Delivery and all inpatient	Hospital	0%	X	
	services	Professional	0%	X	
	Home health care Rehabilitation services		0% 0%	X	
Help recovering	Habilitation services		0%	X	
or other special	Skilled nursing care		0%	X	
health needs					
	Durable medical equipment		0%	X	
	Hospice service  Eye exam (deductible waived)		No cost share 0%	Х	
	Glasses		1 pair per year		
Child needs dental or eye care	Dental check-up - Preventive a Dental Basic Services	nd Diagnostic	See attack	nment	
	Dental Restorative and Orthodo				

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- specified in another benefit category.
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  2/13/2013